

**EVALUATION OF CLINICAL PERFORMANCE TOOL  
Medical Surgical Nursing – 2023**

**Firelands Regional Medical Center School of Nursing  
Sandusky, Ohio**

**Student:**

**Final Grade:** Satisfactory/Unsatisfactory

**Semester:** Spring

**Date of Completion:**

**Faculty:** Dawn Wikel, MSN, RN, CNE; Lora Malfara, MSN, RN; Kelly Ammanniti, MSN, RN, CHSE;  
Monica Dunbar, MSN, RN; Nick Simonovich, MSN, RN

**Faculty eSignature:**

**Teaching Assistant:** Rachel Haynes, BSN, RN

**DIRECTIONS FOR USE:**

Each week the students evaluate themselves based on the competencies using the performance code on page 2. The performance code includes the terms **Satisfactory (S)**, **Needs Improvement (NI)**, **Unsatisfactory (U)**, and **Not Available (NA)**. The faculty member will initial if in agreement with the student’s evaluation. If there is a discrepancy in the performance code evaluation between the student and the faculty member, a note is written on the comment section by the faculty member with the rationale for the evaluation. All competencies must be rated a “S, NI, U, or NA”. If the student does not self-rate, then it is an automatic “U”. A student who submits the clinical evaluation tool late will be rated as “U” in the appropriate competency(s) for that clinical week. Whenever a student receives a “U” in a competency, it must be addressed with a comment as to why it is no longer a “U”. If the student does not state why the “U” is corrected, it will be another “U” until the student addresses it. All clinical competencies are critical to meeting the objectives of the course. If the final performance code is unsatisfactory or needs improvement in any one of the competencies, a grade of unsatisfactory is given. If a pattern of unsatisfactory performance occurs after performing the competency satisfactorily, this also constitutes a grade of unsatisfactory. An unsatisfactory or needs improvement as a final score in any single competency results in a clinical course grade of unsatisfactory; this is a failure of the course. The terms Satisfactory and Unsatisfactory will be used in evaluating the final grade or clinical course performance.

**METHODS OF EVALUATION:**

- Skills Lab Competency Tool & Skills Checklists
- Simulation, Prebriefing, PEARLS Debriefing, & Reflection Journals
- Nursing Care Map Rubric
- Meditech Documentation
- Clinical Debriefing
- Clinical Discussion Group Grading Rubric
- Evaluation of Clinical Performance Tool
- Lasater’s Clinical Judgment Rubric & Scoring Sheet
- Virtual Simulation Scenarios

**ABSENCE (Refer to Attendance Policy)**

Date	Number of Hours	Comments	Make-up (/Date/Time)
2/11/23	1 hour missed clinical time	ECSC survey not completed	2/12/23 ECSC survey completed

Faculty’s Name	Initials
Kelly Ammanniti	KA
Monica Dunbar	MD
Rachel Haynes	RH
Lora Malfara	LM
Nick Simonovich	NS
Dawn Wikel	DW

## PERFORMANCE CODE

### SATISFACTORY CLINICAL PERFORMANCE

**Satisfactory (S):** Safe, accurate each time, efficient, coordinated; confident, focuses on the patient; some expenditure of excess energy; within a reasonable time period; appropriate affective behavior; occasional supporting cues; minimal faculty feedback related to written clinical work.

### UNSATISFACTORY CLINICAL PERFORMANCE

**Needs Improvement (NI):** Safe; accurate each time; skillful in parts of behavior; focuses more on the skill and self rather than the patient; inefficient, uncoordinated, anxious, worried, flustered at times; expends excess energy within a delayed time period, frequent verbal and occasional physical directive cues in addition to supportive cues; faculty feedback required in several areas of clinical written work.

**Unsatisfactory (U):** Failure to achieve the course competency, safe but needs faculty reminders constantly, not always accurate, unskilled, inefficient, considerable expenditure of excess energy, anxious, disruptive or omitting behaviors, focus on skills and/or self, continuous verbal and frequent physical cues, unsafe, performs at risk to patient/clients/others, unable to function, incomplete, erroneous, faulty, illegible clinical written work, no feedback sought from faculty or response to feedback not evident in submitted written work. If the student does not self-rate a competency the competency is graded "U." A "U" in a competency must be addressed in writing by the student in the Evaluation of Clinical Performance tool. The student response must include how the competency has been or will be met at a satisfactory level. If the student does not address the "U," the faculty member (s) will continue to rate the competency unsatisfactory.

### OTHER

**Not Available (NA):** The clinical experience which would meet the competency was not available.

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**\*Grey shaded boxes do not need a student evaluation rating or faculty/teaching assistant initials.**

Date	Care Map Top Nursing Priority	Evaluation & Instructor Initials	Remediation & Instructor Initials	Remediation & Instructor Initials
2/24/2023	Pain	S/NS	NA	NA

Note: Students are required to submit two satisfactory care maps over the course of the semester. If the care map is not evaluated as satisfactory upon initial submission, the student may revise the care map based on instructor feedback/remediation and resubmit until satisfactory. At least one care map must be submitted prior to midterm.

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**Objective**

1. Illustrate correlations to demonstrate the pathophysiological alterations in adult patients with medical-surgical problems. (2,3,4,5)\*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
<b>Competencies:</b>			S	S	S	S	S	NA									
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			S	S	S	S	S	NA									
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	S	S	S	S	NA									
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	S	S	S	S	NA									
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	S	S	S	S	NA									
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	S	S	S	S	NA									
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	S	S	S	S	NA									
g. Assess developmental stages of assigned patients. (Interpreting)			S	S	S	S	S	NA									
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	S	S	S	S	NA									
	Indicate your clinical site as well as your patient's age and primary medical diagnosis in this box weekly.	Meditech, FSBS, IV push, IV Pump Sessions	Rehab	Rehab 73y/o hip fracture	Rehab 53 toe amputation & ECSC	3T 86 UTI	4N 79 tibia and humerus fracture	Simulation									
Instructors Initials	NS	NS	MD	LM	LM	RH	NS										

**Comments:**

\*End-of-Program Student Learning Outcomes  
 Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 1 (1h)- During week 1, the Meditech, FSBS, and IV pump sessions were all considered clinical hours. You came prepared to each of them and demonstrated competency accordingly. For this reason, you have earned an S for this competency. NS

Week 3 Objectives 1B and D-You did a great job correlating the patient's symptoms with the pharmacotherapy they were receiving. Great job! MD

Week 4 objective 1(a-h) - Madison, you analyzed the pathophysiology and correlated your patient's signs and symptoms to her disease process. You used this information to provide appropriate nursing care for your patient on the rehab unit. Your patient had a Lt. hip fracture S/P TFN. You interpreted lab results and medical treatments to guide you in your decision-making process. Great job! LM

Week 5 objective 1(a, b, f)- Madison, you correctly analyzed the pathophysiology of your patient's infection and h/o osteomyelitis. You correlated your patient's symptoms and her nutritional needs to her disease process, recognizing the importance of protein intake. Great job! LM

Week 6 (1a-h): you did a good job of relating your patient's lab values, diagnostic testing, and medications with their diagnosis. RH



## Objective

2. Perform physical assessments as a method for determining deviations from normal. (3,4,5)\*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
<b>Competencies:</b>			S	S	S	S	S	NA									
a. Perform inspection, palpation, percussion, and auscultation in the physical assessment of assigned patient. (Noticing)			S	S	S	S	S	NA									
b. Conduct a fall assessment and implement appropriate precautions. (Noticing)			S	S	S	S	S	NA									
c. Conduct a skin risk assessment and implement appropriate precautions and care. (Noticing)			S	S	S	S	S	NA									
d. Communicate physical assessment. (Responding)			S	S	S	S	S	NA									
e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting)			S	S	S	S	S	NA									
f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding)	S		S	S	S	S	S	NA									
	<b>NS</b>	<b>NS</b>	<b>MD</b>	<b>LM</b>	<b>LM</b>	<b>RH</b>	<b>NS</b>										

### Comments:

Week 1 (2f)- By attending the Meditech clinical update & providing your full, undivided attention during the demonstration of documenting insulin, IV solutions, saline flushes and IV site assessments you are satisfactory for this competency. NS

Week 3 Objective 2-Great job with this set of objectives! You were able to perform a thorough assessment and communicate that with me and the primary RN. MD

Week 4 objective 2(a, d, e, f) – Madison, you performed a thorough head-to-toe assessment on your patient. You communicated your assessment findings to your primary nurse and instructor. You correctly identified assessment skills specific for your patient such as a detailed musculoskeletal and circulatory assessment. You are continuing to become more comfortable with accessing and documenting in the EMR. Keep up the good work! LM

Week 5 objective 2(a, c, e)- Madison, you performed a thorough head-to-toe assessment on your patient identifying the importance of assessing the musculoskeletal system, circulatory status, and pain assessment due to her diagnosis. You properly assessed your patient's skin thoroughly conducting an assessment on your patient's sacral ulcer while performing a dressing change. Excellent job! LM

\*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 6 (2a, d): You did a great job assessing your patient and recognizing some changes from what you were told in report. You communicated this to me as well as to the nurse caring for the patient. Good job! RH

<b>Objective</b>																	
3. Execute safety precautions in the implementation of quality, patient-centered care and evidence-based nursing interventions. (2,3,4,5,8)*																	
Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
<b>Competencies:</b>	S		S	S	S	S	S	NA									
a. Perform standard precautions. (Responding)	S		S	S	S	S	S	NA									
b. Demonstrate nursing measures skillfully and safely. (Responding)			S	S	S	S	S	NA									
c. Demonstrate promptness and ability to organize nursing care effectively. (Responding)			S	S	S	S	S	NA									
d. Appropriately prioritizes nursing care. (Responding)			S	S	S	S	S	NA									
e. Recognize the need for assistance. (Reflecting)			S	S	S	S	S	NA									
f. Apply the principles of asepsis where indicated. (Responding)	S		S	S	S	S	S	NA									
g. Demonstrate appropriate skill with Foley catheter insertion, maintenance, & removal (Responding)			NA	NA	NA	NA	NA	NA									
h. Implement DVT prophylaxis (early ambulation, SCDs, and TED hose) based on assessment and physicians' orders (Responding)			S	NA	NA	NA	S	NA									
i. Identify the role of evidence in determining best nursing practice. (Interpreting)	S		S	S	S	S	S	NA									

\*End-of-Program Student Learning Outcomes  
Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

j. Identify recommendations for change through team collaboration. (Reflecting)			S	S	S	S	S	NA									
	NS	NS	MD	LM	LM	RH	NS										

**Comments:**

Week 1 (3o, r)- By attending the IV Pump clinical and providing your full, undivided attention and active participation during the demonstration of the Alaris pump, documentation of IV site maintenance and recognition of potential IV complications, you are satisfactory for this competency. LM

Week 3 Objective 3C and D-Great job prioritizing and organizing the care of your patient! MD

Week 4 objective 3(a-d, i) – Madison, you demonstrated safe, skillful nursing measures throughout your clinical day on the rehab unit. You were aware of your patient’s needs regarding promotion of skin integrity, fall risk, transferring limitations, and hygiene needs. You organized and prioritized your time well. You did a nice job! LM

Week 5 objective 3(a-d, f)- Madison, you properly followed standard precautions and demonstrated safe, skillful nursing measures throughout your clinical day, including while providing care to your patient. You organized your time effectively by making sure you had all of the supplies ready for your patient’s dressing change. You applied principles of asepsis during the sacral ulcer dressing change. You used proper technique throughout the procedure. Great job! LM

Week 6 (3c, d, e): You did well prioritizing your time as team leader and communicating the plan with your team. RH

Week 7 3(g) – This competency was changed to “s” because you cared for a patient with an indwelling foley catheter. By assessing patency, including urine characteristics, and providing hygiene care, you appropriately maintained the foley catheter. NS

**Objective**

3. Execute safety precautions in the implementation of quality, patient-centered care and evidence-based nursing interventions. (2,3,4,5,8)\*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
<b>Competencies:</b>																	
k. Administer PO, SQ, IM, or ID medications observing the rights of medication administration. (Responding)			S	NA	S	NA	S	NA									
l. Ensure patient safety through proper use of EHR, IV flow sheet, and BMV. (Responding)			S	NA	NA S	NA S	S	NA									
m. Calculate medication doses accurately. (Responding)			NA	NA	NA	NA	S	NA									
n. Administer IV therapy, piggybacks, IV push, and/or adding solution to a continuous infusion line. (Responding)			NA	NA	NA	NA	S	NA									
o. Regulate IV flow rate. (Responding)	S		NA	NA	NA	NA	NA	NA									
p. Flush saline lock. (Responding)			NA	NA	NA	NA	S	NA									
q. D/C an IV. (Responding)			NA	NA	NA	NA	NA	NA									
r. Monitor an IV. (Noticing)	S		NA	NA	S	S	S	NA									
s. Perform FSBS with appropriate interventions. (Responding)	S		NA	NA	NA	NA	S	NA									
	NS	NS	MD	LM	LM	RH	NS										

**Comments:**

(3s)- You were able to demonstrate understanding of the rationale of FSBS and the use of the glucometer. You were able to perform a Quality Control check of the glucometer as well as demonstrate skills and knowledge required of proper sample ID, collection, and handling of blood. DW

Week 3 Objectives 3K and L-You did an awesome job with medication administration! MD

\*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 4 objective 3 – Madison had all NAs for the week 4 column due to being ill on her scheduled medication administration day. She will administer medications next week, during her make-up clinical. LM

Week 5 objective 3(k, l) - Madison, you administered several PO medications to your patient this week. You were knowledgeable about each medication's use, dosage, route, common side effects, classification, and nursing considerations. You observed the rights of medication administration and completed the 3 medication checks appropriately. You ensured patient safety by properly using the BMV system in the EMR. You recognized the importance of obtaining a blood pressure and heart rate on your patient prior to administration due to her antihypertensive medication. You administered an insulin injection following the proper protocol for subcutaneous injections. You also correctly calculated the insulin dosage after properly priming the pen. Excellent job! LM

Week 6 (3l) You get an S for this because you were able to look up your medications and answer questions about them this week, even though you did not do medication administration. You also were able to access the EHR for your team leader role. RH

**Objective**

4. Use therapeutic communication techniques to establish a baseline for nursing decisions. (1,5,7)\*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
<b>Competencies:</b>			S	S	S	S	S	NA									
a. Integrate professionally appropriate and therapeutic communication skills in interactions with patients, families, and significant others. (Responding)			S	S	S	S	S	NA									
b. Communicate professionally and collaboratively with members of the healthcare team using hand-off communication techniques. (SBAR) (Responding)			S	S	S	S	S	NA									
c. Report promptly and accurately any change in the status of the patient. (Responding)			S	S	S	S	S	NA									
d. Maintain confidentiality of patient health and medical information. (Responding)			S	S	S	S	S	NA									
e. Consistently and appropriately post comments in clinical discussion groups. (Reflecting)			S	S NI	S	S	S	NA									
f. Obtain report, from previous care giver, at the beginning of the clinical day. (Noticing)			S	S	S	S	S	NA									
g. Provide a clear, organized hand-off report to your patient's next provider of care. (Responding)			S	S	S	S	S	NA									
	NS	NS	MD	LM	LM	RH	NS										

**Comments:**

Week 3 Objective 4B-Excellent SBAR communication with me and the primary RN. MD

\*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 4 objective 4(a, b, e)- Madison, you communicated effectively with your patient throughout the clinical day. You explained each task before performing them. You completed an initial and peer CDG post this week. Competency 4e was changed to an NI. You did not provide quotes around your in-text citations for either of your posts. It is difficult to identify whether you were paraphrasing or directly quoting information from the article. Your peer post article was from 2006. Please remember to use articles published within the last 5 years. Also, each of your references were not placed in proper APA formatting. Your initial post should be stated as: Forni, C., D'Alessandro, F., Gallerani, P., Genco, R., Bolzon, A., Bombino, C., Mini, S., Rocchegiani, L., Notarnicola, T., Vitulli, A., Amodeo, A., Celli, G., & Taddia, P. (2018). Effectiveness of using a new polyurethane foam multi-layer dressing in the sacral area to prevent the onset of pressure ulcer in the elderly with hip fractures: A pragmatic randomised controlled trial. *International Wound Journal*, *15*(3), 383–390. <https://doi.org/10.1111/iwj.12875>. You forgot the underlined part of the reference. Please refer to the APA formatting reference guide or Purdue Owl website for proper APA formatting. Overall, nice job. LM

Week 5 objective 4(a, b, e)- Madison, you communicated effectively with your patient throughout the day. You thoroughly explained each task before performing them. You accurately completed the ECSC CDG post this week. The activity you and your partner provided for the seniors was great for their hand-eye coordination and balance. You correctly provided an intext citation and a reference written in proper APA format. Excellent job! LM

Week 6 (4a, b, c) You did well noticing the change in mental status your patient was experiencing and you were able to tell the nurse caring for that patient so she could call the physician. Good job! RH

**Objective**

5. Implement patient education based on teaching needs of patients and/or significant others. (1,6)\*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
<b>Competencies:</b>			S	S	NA	S	S	NA									
<b>a. Describe a teaching need of your patient.** (Reflecting)</b>					NI												
<b>b. Utilize appropriate terminology and resources (Lexicomp, UpToDate, Dynamic Health, Skyscape) when providing patient education. (Responding)</b>			S	S	NA	S	S	NA									
	NS	NS	MD	LM	LM	RH	NS										

**\*\*5a & b- You must address this competency in the comments below for all clinicals on 3T, 4N, or Rehab- describe the patient education you provided; be specific- include the topic, method of delivery, reason for teaching need, materials to support learning through above resources (if applicable), and method used to validate learning.**

**Example: Education related to orthostatic hypotension (changing positions slowly by sitting at the side of the bed or chair for a few minutes before moving to another position, utilizing the walker when ambulating) was provided to my patient through discussion and demonstration. This was necessary to maintain patient safety as he/she was experiencing a drop-in blood pressure and dizziness when getting out of bed. A patient education sheet was printed from Lexicomp and given to the patient. The teach back method was used to validate learning.**

**Comments:**

5a: A teaching moment for my patient was the need for the seizure precautions/fall precautions they had. I had to explain that because of the diagnosis they had and witnessed seizures in the ER they were automatically on fall precautions and seizure precautions to prevent any injury to them during a seizure or at the onset of a seizure.

Great! MD

5b: I was able to accurately explain to the patient and give them information on these two topics based on my own knowledge and confirmation with the nurse and their chart. Great! MD

5a week 4: A teaching need of my patient was proper transfer in and out of bed since she had a left hip fracture. This is an appropriate teaching moment for your patient. LM

5b week 4: I was able to work with the physical therapy assistant to help explain to the patient and I the best way for them to transfer being only 40% weight bearing on the left side. Madison, this is an appropriate teaching need, but what resources did you use to help educate your patient on proper transferring? Also, how did you validate the learning? Please read the example, above, highlighted in yellow to answer competency 5b for the future clinical weeks. Good job, overall! LM

5a week 5: I did not use teaching for my patient but if I did I would have educated her on diet because of their diabetes. The patient had been snacking through the night previously and spiked their blood sugar. LM

5b week 5: I would have used Lexicomp to look up information on diabetic diet and importance of blood glucose monitoring then I would have used teach back to see if they understood the information. LM

Madison, you MUST address a teaching need during the weeks you are on 3T, 4N, and Rehab. You correctly identified the topic, method of delivery, and materials you would use for teaching. Patients can always use some form of teaching, even if you are explaining something important while you are conducting an assessment or in the patient's room charting. I changed the grades for 5a and 5b to a "NI" because you did explain what you would have taught her. Please complete this objective when you are on the inpatient units moving forward. LM

\*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

5A week 6: I was able to teach my patient about UTI's. They came in for flank pain and signs and symptoms of UTI which the patient gets very often. I felt that this was an appropriate teaching need because of the frequency of infection the patient had. RH

5b week 6: I was able to use Skyscape to explain to the patient exactly what a UTI is and that bacteria is being spread to the urinary tract. I also educated them on the symptoms that can occur so they know when to be seen by a doctor. I explained that they were getting IV antibiotics and would most likely be discharged with a prescription for oral antibiotics to continue treatment. I know the patient understood because I used teach back and they were able to communicate back to me it was a bacteria in the urinary tract and they were being treated with antibiotics. Good job using the teach back method! RH

5a:I felt that an important teaching need of my patient was on medications. They had a lot of allergies to pain medications and she was curious to what we were giving her because it was helping and she wanted to remember.

5b:I was able to use Skyscape and give my patient appropriate information on Dilaudid and Vistaril. I know the teaching was affective because she was able to tell me they were for her pain and muscle spasms. She was also able to tell her daughter over the phone what the medications were. Very good! Because of the nature of her injury and the reactions she has had to pain medication in the past, providing her accurate and thorough education to help relieve her pain and fears associated with pain medications was an important intervention. Good job using skyscape to provide reputable information! NS

**Objective**

6. Implement patient-centered plans of care utilizing the nursing process, clinical judgment, and consideration for cultural, ethnic, and social diversity. (2,3,4,5)\*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
a. Develop and implement a priority care map utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting)			NA	NA	NA	NA	S	NA									
b. <b>Identify factors associated with Social Determinants of Health (SDOH) &amp;/or cultural elements that have the potential to influence patient care.**</b> (Noticing, Interpreting, Responding, Reflecting)			S	S	S	S	S	NA									
	NS	NS	MD	LM	LM	RH	NS										

**\*\*6b- You must address this competency in the comments on a weekly basis. For all clinicals - provide an example of SDOH &/or cultural elements that influenced your patient's care; be specific.**

**Comments:**

See Care Map Grading Rubrics below.

6b: My patient lived at home alone and was 85 years old so they are at high risk of falling and being admitted again due to an accident or dehydration. **Great observation! MD**

6b week 4: My patient lives at home alone so she is at high risk of falling again, they were 73 years old and did not drive unless it was absolutely needed so getting to appointments or the pharmacy could be challenging especially in the winter months. **Madison, these are excellent examples of SDOH. Can you expand on how these determinants of health can be addressed for your patient? LM**

6b week 5: A social determinant of health for my patient was limited access to a vehicle and mobility issues due to recent toe amputations. My patient had access to a large pick-up truck but was non-weight bearing because of toe amputations a week ago so getting in and out of the vehicle may present issues when leaving the rehab unit and getting back and forth to appointments. This could possibly be helped by using Firelands transport if needed for appointments. **These are excellent examples of SDOH for your patient. LM**

6b: My patients social determinants of health would be their age 86, and that they lived in an assisted living with their spouse and did not have access to get to appointments. They also had children who lived farther away so would not be able to come immediately to help or bring the patient to appointments. This could be addressed by seeing if Firelands transport could pick the patient up or if the assisted living transport would be able to take the patient to the appointments. **Most assisted living places do have transport services, but it must be scheduled for some time in advance. RH**

\*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

6b: My patient's social determinants of health I feel are her age and impaired balance. She also has double vision when not wearing her glasses. I think that she is at a high risk of falling again because of the injuries she was in the hospital for and it will be a long recovery. I think that this could be addressed by possibly using a mobility aid just for stability. Also making sure to use her glasses and make sure they are clean so there is no vision impairment. I encourage you to review the website related to SDOH here: <https://health.gov/healthypeople/priority-areas/social-determinants-health>. Her vision and history of falls certainly are a health concern; however, they don't relate to social determinant of health. Her age could play a role related to economic constrains, social context, neighborhood environment etc. NS

**Objective**

7. Illustrate professional conduct including self-examination, responsibility for learning, and goal setting. (7)\*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
a. Reflect on an area of strength. ** (Reflecting)	S		S	S	S	S	S	NA									
b. Reflect on an area for improvement and set a goal to meet this need.** (Reflecting)	S		S	S	S	S	S	NA									
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	S		S	S	S	S	S	NA									
d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	S		S	S	S	S	S	NA									
e. Incorporate the core values of caring, diversity, excellence, integrity, and “ACE”- attitude, commitment, and enthusiasm during all clinical interactions. (Responding)	S		S	S	S	S	S	NA									
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S		S	S	S	S	S	NA									
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		S	S	S	S	S	NA									
h. Actively engage in self-reflection. (Reflecting)	S		S	S	S	S	S	NA									
	NS	NS	MD	LM	LM	RH	NS										

**\*\*7a and 7b: You must address these competencies in the comments section on a weekly basis. Please write a different comment each week. Remember that a goal includes what you will do to improve, how often you will do it, and when you will do it by (example- “I had trouble remembering to do the three checks of the six medication rights prior to administering medications. I will review the six rights and medication administration content in the textbook twice before the next clinical. Additionally, I will request to meet with my clinical faculty member to practice preparing and administering at least three medications before the next clinical.”**

**Comments:**

Week 1 7a- I think my strength was utilizing the blood glucose monitor. **Great! This is a skill you will get to perform frequently in the clinical setting this semester. Having this as a strength in week 1 sets you up well moving forward! NS**

\*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

7b- My area of improvement is doing more practice IV math problems and memorizing the formulas. **Madison, thank you for reflecting on the experiences for week 1. In the future, be sure to follow the example provided in yellow above. When reflecting on an area for improvement each week, be sure to be specific in your plan for improvement. How will you obtain more practice problems, when would you want to complete this plan by, etc. In order to be satisfactory in this competency each week, faculty will be looking for your reflection and your specific plan for improvement. Don't hesitate to reach out with questions or concerns. NS**

Week 3 7a: I think my area of strength was communication with my patient. I was able to get to know them and build trust with the patient which all around makes the care I provide easier. **Awesome! MD**

7b: I think my area of weakness was in my charting. I struggled to get back into the swing of things and had to correct my charting on clinical day one in multiple areas. To improve this, I will go over the Meditech guidelines and interventions list before next weeks clinical so that I can better remember what I should be documenting and where. **Great goal! You will get lots of experience with this throughout clinical in the upcoming weeks! MD**

Week 4 7a: My strength was working with the PTA in order to learn how to safely and effectively help my patient transfer in the most comfortable way possible. **Excellent! LM**

Week 4 7b: My weakness was finding an article for my CDG. To improve this I will take extra time getting used to the search engines we use and identifying the correct criteria by my next inpatient clinical experience. **This is an appropriate area for improvement. It takes a great deal of time to find an appropriate article for the CDG posts. LM**

Week 5 7a: I felt my strength was in my wound care and dressing change on the rehab unit. I was able to maintain sterility and effectively change my patient's coccyx dressing. **You did an excellent job with the sterile dressing change for your patient! LM**

Week 5 7b: My weakness I felt was managing my time with med pass and my patient's schedule. I was able to get my medications passed but I was not able to give the insulin injection until they had already began eating. I will improve on this by communicating with the patient to hold off on eating until I have check blood sugar and given insulin. I will work on time management techniques before neck clinical on 02/15/23. **This is an appropriate area for improvement. You also correctly identified a plan of action. Great job! Madison, unfortunately, you have received a "U" for competency 7f due to failing to complete the ECSC survey in a timely manner. This was due by Saturday at 2200. You did complete the survey after the required deadline. Please address the "U" in a comment below stating why it is no longer a "U". If you do not address the "U" then you will continue to receive a "U" until it is addressed. LM**

**7F: U- I feel that I no longer should receive a U for 7f because after I was notified that I had missed the assignment I completed it before the next day deadline that Dawn had given me. I completed the correct survey and submitted it following the U. In the future I will make sure this does not happen again by making sure I read the directions fully on the CDG that states it is due and I will also use reminders on my phone to notify me when it is due. I will also write in my planner that it is due. This should prevent this from happening again. Thank you. RH**

7a: I think my area of strength was in my team leader experience. I felt I was able to manage the patients appropriately and make sure that my other group members had done their charting, med passes, and finger sticks. **You did well organizing the day and assisting your team RH**

7b: My area of weakness this week was in communication. On Wednesday I told my nurse that I would be passing meds but it could have been that she may not have heard me. She ended up passing my meds so I was not able to do a med pass this week. In the future I will improve on my communication and be sure to exaggerate that I will be giving my patient their medications. It was a simple mix up but could have been avoided if I would have followed up. I will make notes and be sure that the nurses hear me or write down I am passing medications at next clinical. **This is a good goal, but make sure you are following all the guidelines highlighted above. RH**

Week 7 7a: My area of strength I felt was education for my patient regarding her injuries. She had asked how bad the fractures were and I was able to determine they were extensive. She was also confused as to why it was so emergent to get the tibia fracture fixed and I explained that it was broken into several pieces at the tibial plateau which is at the knee joint and if it was not repaired quickly it could result in complications like fat embolism. She was very appreciative of this information. **Awesome job, Madison!! You were able to correlate the content learned in the M/S unit and applied it to the clinical setting through patient education. She was very appreciative of your care, commenting numerous times how well you did. Great work providing her comfort through communication. NS**

7b: I think my area of weakness was in building communication with my patient's husband. He was very quiet and did not say much and I was not able to get much conversation from him. I will fix this by my next clinical on March 15<sup>th</sup>, I will try and find a point of interest of the family and see if they are more likely to join in conversation. **Nice reflection! Incorporating family into the plan of care can be difficult, however, you have recognized the importance and developed a plan to improve moving forward. Keep up the hard work! NS**



Student Name: <b>Madison Whittaker</b>		Course Objective: <b>6*</b>					
Date or Clinical Week: <b>Week 7</b>							
Criteria		3	2	1	0	Points Earned	Comments
<b>Noticing</b>	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	10 abnormal assessment findings were listed based on the care provided. Be sure to include the immobilizer and splint that were in place as assessment findings for your patient and the care map that was developed. Four abnormal diagnostic findings were listed. Due to her admitting problem of multiple fractures, minimal abnormal findings were available. Additionally, the x-rays were not included in this information due to the patient being transferred from an outside facility and the inability to view the reports. Five appropriate risk factors were identified. Consider including the fact that she is the primary care giver for her adult son which has led to numerous falls. NS
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
<b>Interpreting</b>	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Seven appropriate and high priority nursing priorities were identified. Acute pain was determined to be the highest priority based on multiple fractures to the tibia and humerus. She was allergic to numerous pain medications leaving her in acute pain until the surgical procedure. Relevant data was highlighted as it pertained to the acute pain. Two potential complications were identified, not meeting the requirement of at least 3. Be sure to use critical thinking to identify additional complications that could arise as a result of the pain. For the 2 identified potential complications, a thorough list of signs and symptoms was provided.
	5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	6. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	2	
	7. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	
<b>Responding</b>	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	1	A list of 5 nursing interventions was provided. Consider additional interventions that were performed on your patient or interventions that could be implemented to help with the problem identified as pain. Consider the ice packs that were used, non-pharmacological
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	2	
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	

	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	1	<p>techniques such as distraction or guided imagery. Consider including position changes, extremity elevation with pillows, educate on coping skills, etc. There is far more we can do as nurses to address pain than simply administering pain medications. Consider educational interventions that were performed or could have been performed. Educating on pain relief, including pain medications, is important. Be sure to list your interventions with all assessments taking highest priority. We would want to do all of our assessments before intervening or administering medications. Each of the five listed interventions included a frequency. Two points were deducted related to interventions being individualized. When stating “administer pain medications” you want to include the exact name, route, dose, and frequency of the medications ordered for your patient. Your patient received a narcotic, muscle relaxer, and topical pain patch that each should have been included. Additionally, the use of ice and split/immobilizer were used to reduce pain on your patient. Rationale was provided for each intervention. I encourage you to dig a little deeper in describing your rationale for each intervention.</p>
	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
Reflecting	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	<p>An appropriate evaluation of each assessment finding was provided. You appropriately determined the need to continue the plan of care.</p>
	14. Evaluation includes one of the following statements: <ul style="list-style-type: none"> <li>Continue plan of care</li> <li>Modify plan of care</li> <li>Terminate plan of care</li> </ul>	Complete			Not complete	3	
<p>Total Possible Points= 42 points  42-33 points = Satisfactory  32-21 points = Needs Improvement*  &lt; 21 points = Unsatisfactory*  <b>*Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.</b></p>							<b>Total Points: 35/42 – Satisfactory</b>
<p><b>Faculty/Teaching Assistant Comments:</b>  Madison, you have received 35/42 points on your care map related to pain for a satisfactory evaluation. I encourage you to review the comments provided, while also reviewing the care map guidelines document for future success. Overall you did well. Dig deep using</p>							<b>Faculty/Teaching Assistant Initials: NS</b>

critical thinking in the intervention section. With the priority problem of acute pain, we often settle on simply administering pain medications. However, there are numerous interventions we can do to help alleviate discomfort that aren't related to medications. The intervention section was the only identified area of weakness. Focus on improving that area for your next submission and you will be in great shape. Let me know if you have any questions, keep up the hard work! NS

Student Name:		Course Objective:					
Date or Clinical Week:							
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)		
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)		
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)		
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	6. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)		
	7. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)		
Responding	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete		
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete		
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete		
	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete		
Ref	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete		

	14. Evaluation includes one of the following statements: <ul style="list-style-type: none"> <li>• Continue plan of care</li> <li>• Modify plan of care</li> <li>• Terminate plan of care</li> </ul>	<b>Complete</b>			<b>Not complete</b>			
<p>Total Possible Points= 42 points          42-33 points = Satisfactory          32-21 points = Needs Improvement*          &lt; 21 points = Unsatisfactory*  <b>*Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.</b></p> <p><b>Faculty/Teaching Assistant Comments:</b></p>							<p><b>Total Points:</b></p>	<p><b>Faculty/Teaching Assistant Initials:</b></p>

Firelands Regional Medical Center School of Nursing  
**Medical Surgical Nursing 2023**  
**Skills Lab Competency Tool**

Student name:								
<b>Skills Lab Competency Evaluation</b>	<b>Lab Skills</b>							
	<b>Week 1</b>	<b>Week 1</b>	<b>Week 1</b>	<b>Week 1</b>	<b>Week 1</b>	<b>Week 2</b>	<b>Week 2</b>	<b>Week 9</b>
	<b>IV Math</b> (3,7)*	<b>Assessment</b> (2,3,4,5,7)*	<b>Insulin</b> (2,3,5,7)*	<b>Lab Day</b> (1,2,3,4,5,6,7)*	<b>IV Skills</b> (2,3,5,7)*	<b>Trach</b> (1,2,3,4,5,6,7)*	<b>EBP</b> (3,7)*	<b>Lab Day</b> (1,2,3,4,5,6,7)*
	<b>Date:</b> 1/12/23	<b>Date:</b> 1/10/23	<b>Date:</b> 1/10/23	<b>Date:</b> 1/12/23	<b>Date:</b> 1/13/23	<b>Date:</b> 1/19/23	<b>Date:</b> 1/18/23	<b>Date:</b> 3/13 or 3/14/23
	Evaluation:	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	
Faculty/Teaching Assistant Initials	<b>KA/DW</b>	<b>KA/RH</b>	<b>MD</b>	<b>LM/NS</b>	<b>NS</b>	<b>DW</b>	<b>LM</b>	
<b>Remediation: Date/Evaluation/Initials</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	

\*Course Objectives

**Comments:**

**Week 1**

(IV Math)-You satisfactorily participated in the IV Math learning session on 1/10/23 as well as the assigned IV Math practice questions and the IV Math Application lab on 1/12/23. KA/DW

(Assessment)- You were able to satisfactorily demonstrate the Basic Head to Toe Assessment during lab. KA/RH

(Insulin)- You were able to correctly prepare an insulin pen and administer subcutaneous insulin. Insulin requirements were accurately identified and calculated through the corrective scale and carbohydrate coverage orders. MD

(Lab Day)- You satisfactorily completed the mandatory lab review of nursing foundational skills. This was achieved through simulating care for a patient in a scenario requiring competency in assessment, communication, medication administration (including PO and IM injection), nasogastric tube insertion and maintenance, patient mobility and hygiene, use of PPE for Contact Isolation, wound care, and foley insertion. NS/LM

(IV Skills)- You have satisfactorily completed the IV lab including a saline flush, IV push, hanging a primary and secondary IV solution, adjusting a flow rate to run by gravity, discontinuing IV solution, and monitoring the IV site for infiltration, phlebitis, and signs of complication. NS/MD/RH

**Week 2**

(Trach Care & Suctioning 1/19/2023) - During this lab, you satisfactorily demonstrated competence with tracheal airway suctioning and tracheostomy care. You have a strong understanding of sterility and maintaining a sterile field. You were confident in the steps and therefore, both skills were performed efficiently and thoroughly. Keep up the good work! DW

(EBP Lab)- You actively participated in the online searching process for evidence-based practice literature, as well as reviewing example articles to determine appropriate selection and information needed when summarizing a research article. LM/LK

Firelands Regional Medical Center School of Nursing  
 Medical Surgical Nursing 2023  
 Simulation Evaluations

<b><u>Simulation Evaluation</u></b>	<b>Student Name:</b>							
	<b>vSim- Vincent Brody</b> (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	<b>vSim- Juan Carlos</b> (Pharmacology) (*1, 2, 3, 4, 5, 6)	<b>vSim- Marilyn Hughes</b> (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	<b>Simulation #1</b> (Musculoskeletal & Resp) (*1, 2, 3, 4, 5, 6, 7)	<b>Simulation #2</b> (GI & Endocrine) (*1, 2, 3, 4, 5, 6, 7)	<b>vSim- Stan Checketts</b> (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	<b>vSim- Harry Hadley</b> (Pharmacology) (*1, 2, 3, 4, 5, 6)	<b>vSim- Yoa Li</b> (Pharmacology) (*1, 2, 3, 4, 5, 6)
Performance Codes:  S: Satisfactory  U: Unsatisfactory	<b>Date:</b> 1/30/23	<b>Date:</b> 2/13/23	<b>Date:</b> 2/24/23	<b>Date:</b> 3/1 or 3/2/23	<b>Date:</b> 4/12 or 4/13/23	<b>Date:</b> 4/17/23	<b>Date:</b> 4/27/23	<b>Date:</b> 5/1/23
Evaluation	S	S	S					
Faculty/Teaching Assistant Initials	MD	LM	NS					
<b>Remediation:</b> Date/Evaluation/Initials	NA	NA	NA					

\* Course Objectives

**Comments:**

**EVALUATION OF CLINICAL PERFORMANCE TOOL**  
**Medical Surgical Nursing – 2023**

**Firelands Regional Medical Center School of Nursing**  
**Sandusky, Ohio**

I was given the opportunity to review my final clinical ratings in each course competency. I was given the opportunity to ask questions about my clinical performance. I have the following comments to make about my clinical performance/final clinical evaluation:

Student eSignature and Date:

12/9/2022